

**TRANSMITTAL FORM**

(to be used for all correspondence after final filing)

Attorney Docket No.	PHB 34,365 (7790/234)
Application Number	09/814,154
Filing Date	JULY 11, 2000
First named inventor	MARTIN J. EDWARDS
Group Art. Unit	2873
Examiner	SHAPIRO, L

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Amendment <input type="checkbox"/> Alter Final <input type="checkbox"/> Affidavit/declaration(s) <input type="checkbox"/> Status Letter <input type="checkbox"/> One-Month Petition for Extension of Time Request (duplic) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, an <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings <input type="checkbox"/> Alter Allowance Communication to Group <input type="checkbox"/> Petition Raising Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entry Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Brief <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) (please identify below) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
--	---	---

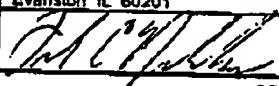
☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed.

☒ I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed.

## CALCULATION OF FEE

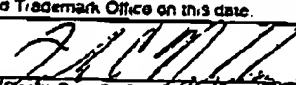
	Claims After Amendment	Highest No. Previously Paid For	Present Extra	Small Entry		Large Entry	
				Rate	Add'l Fee	Rate	Add'l Fee
Total	Minus		0				
Indep.	Minus		0				
First Presentation of Multiple Dep. Claim							
				Rate	Add'l Fee	Rate	Add'l Fee
				≥ \$9=	0	≥ \$18=	
				≥ \$44	0	≥ \$88	
				≥ \$150		≥ \$300=	
				total add'l fee	\$ 0	total add'l fee	\$

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature		Date	October 19, 2004

**CERTIFICATE OF FACSIMILE**

I hereby certify that this correspondence is being transmitted by facsimile to (703) 872-9315 to the U.S. Patent and Trademark Office on this date: October 18, 2004

Signature		Date	October 19, 2004
FRANK C. NICHOLAS (33,983)			

BEST AVAILABLE COPY